

DEC 29 2003

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23909 7590 10/02/2003

**COLGATE-PALMOLIVE COMPANY**  
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Maria V. Logatto	(Depositor's name)
<i>Maria V. Logatto</i>	(Signature)
December 23, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/065,244	09/27/2002	Lynette A. Zaidel	IR 6963-00	2120

TITLE OF INVENTION: DUAL COMPONENT TOOTH WHITENING DENTIFRICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROSE, SHEP K	1614	424-490000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Colgate Palmolive Company

New York, New York, U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 10 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-2455 (enclose an extra copy of this form).

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(Authorized Signature) *Eduardo J. Salazar* (Date) 12/23/03

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01 FC:1501 .. 1330.00 DA

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